From: Sam Schaperow [redacted]
Sent: Thursday, November 07, 2013 1:10 PM
To: SIM, OHA
Cc: Veltri, Victoria
Subject: Re: OHA eAlert: State Seeking Feedback on Draft Healthcare Innovation Plan

Much of my testimony here
http://ct.gov/oha/lib/oha/legislative_testimony/full_hearing_testimony.pdf (search for "Schaperow" to see it)
is applicable to my comments on the draft Healthcare Innovation Plan.

Additionally and similarly, I'd say here:
All people, poor or rich, should have access to quality healthcare. Insurance networks often hinder this process. I've seen repeatedly that those *mental health* providers that have left most/all insurance networks are able to have a reduced caseload and can then focus on their pts better than when working under high volume. Still, if we were to pay all mental health providers well (e.g. on par with psychiatrists average salaries), some fraction may still see more clients than they can best work with. So, I can support a way to measure quality of the care. Maybe if a provider gets a certain amount from the work they do, and then a good bonus from surveys people fill out, that could help the quality situation. Of course, since mental health care often involves working with resistances and helping a person push past these, the metric ought to not be the same for psychotherapy as it is for medicating. So, a metric for each service, or possibly procedure code. Anyway, please do review my testimony at the above link to see more on how access to good healthcare in mental health has many stumbling blocks.

Also, the great shortage of psychiatrists make many of them far too overwhelmed to be most effective, *especially* when in insurance networks. Allowing psychologists, as is done in 2 other states, and other mental health providers to prescribe psychotropics (with additional training) is very important.

And, paying well for services that keep people healthy (like mental health) is important. A single trip to an ER for a panic attack can cost insurers over $10k (I know someone this happened to, even). Even paying triple to psychotherapists (including bonuses!) can cost less, and prevent unnecessary use of expensive hospital stays.

Lastly, diagnosing accurately in mental health has reached a point of being uncommon. Repeatedly I find children, for example, diagnosed with ADD/ADHD because the provider was told there was inattention. Sometimes a simple screener scale is used, but it doesn't tease out the many causes of inattention, which include:
ADD, depression, anxiety, bereavement, sleep, diet (to a point), etc.
I find when someone is willing to invest in an accurate diagnosis (through psychological testing, or through psychiatric interviews by any mental health provider with diagnostic training and excellent skill, as can be measured...), the treatment is accurate, and then the time and money spent can be far lower and with far greater results than working with the wrong diagnosis. I find it tragic that this issue is rarely considered in mental health.

On Sat, Nov 2, 2013 at 2:18 AM, Victoria Veltri <victoria.veltri@ct.gov> wrote:

State Seeking Feedback on SIM Draft Healthcare Innovation Plan

The State is seeking feedback on its draft Healthcare Innovation Plan under the State Innovation Model Initiative (SIM). The SIM is a unique funding opportunity from the Center for Medicare and Medicaid Innovation to facilitate transformation in healthcare delivery and payment models to achieve better health for our residents, increased access to care and reduced healthcare costs. The pillars of our model are consumer empowerment, community health improvement and primary care practice transformation. Connecticut's draft plan is out, and we need your feedback.
For more information, please visit the OHA website:
http://www.ct.gov/oha/cwp/view.asp?a=11&Q=534514

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